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ORIGINAL DEPARTMENT.

Hospital Reports.

PENNSYLVANIA HOSPITAL, }
November, 1865. }

SURGICAL CLINIC OF DR. T. G. MORTON.

Reported by C. R. Morgan.

**Cancer of the Hand, Amputation of the Forearm,
Teale's Method—Rectangular Flaps.**

John —, æt. 56, has had a malignant ulcer, involving the dorsal surface of the left hand for three years, originating in a wart-like tumor which ulcerated from irritation and has gradually spread, until at the present time the disease occupies the entire back of the hand. There has been considerable pain of a lancinating character running up the arm. The adjacent tissues are healthy and no enlargement of the lymphatics of the axilla. The ulcer is irregularly shaped with everted edges; the disease has worked its way down to the bones of the hand and through the palmar surface, where we find a fistulous opening. The exterior tendons have disappeared, and we have as a consequence the fingers contracted and rigid. The odor from a cancerous ulcer is characteristic and very offensive. The discharge when examined under the microscope, exhibits the well-known cancer cells of the epitheliomatous variety. The disease seems to be entirely local, and as the patient's general health is excellent, we advise amputation high up on the forearm where the parts are perfectly healthy. The long and short rectangular flaps proposed by Mr. TEALE, gives us the very best covering for the bones and makes a most serviceable stump; we make the long flap, including all the tissues down to the bone, from the upper surface of the arm, while the short flap is made on the under surface, and will, of course, contain the main vessels and nerves of the arm. The rules for determining the size of the flaps I cannot give better than to quote from Mr. TEALE, and is applicable to amputations at any part. "The size of the long flap is determined by the circumference of the limb at the place of amputation, its length and breadth being each equal to half the circumference. The long flap is therefore a perfect square, and is long enough to fall easily over the end of the bone. In selecting the structures for its formation, such parts must be taken as do not contain the larger blood vessels and nerves. The short flap containing the chief vessel and nerves, is in length one-fourth of the other." In the case before us we

decide upon the place we wish to divide the bones, take the circumference of the arm, which we find to be six inches; the long flap (made from the back of the arm) must be three inches long and three broad, then dividing the skin and muscular structures on the edge of the radius for three inches in length, make a transverse incision across the upper surface of the arm three inches in length, and running the incision up for the same distance along the ulnar edge, and dividing and dissecting up all the tissues down to the bones, we have the long flap completed. The short flap is to be one-fourth the length of the long flap, or $\frac{3}{4}$ of an inch in length, and in the short flap we will have the radial, ulnar, and interosseous arteries. The bones being divided, we approximate the flaps, having the bones completely buried; as the stump progresses the contraction during the healing process draws the cicatrix away from the end of the stump. To demonstrate the amputation, the lines of the incision were marked out with ink, and the operation was performed, the edges being approximated with lead sutures. Six vessels required ligation and a dry dressing of cerate and charpie was applied.

**Compound Fracture of the Tibia Involving the
Head of the Bone—Amputation through the
Knee-Joint.**

James —, colored, æt. 32, was run over by a passenger car, a few hours ago, the wheel passing over the right leg. On examination I find that the bones of the leg are much comminuted and the soft parts lacerated. The fracture extends up into the head of the tibia, involving the joint; the bones, as well as the soft parts, are so much crushed that there is no chance of saving the limb. As the injury extends to the joint, I am obliged to amputate through the knee-joint. I make a long anterior (including in it the patella), and a short posterior flap. Cutting off the condyles of the femur we approximate the patella to the end of the femur and we have the best possible covering for the stump—a good, firm, and protective covering for the end of the bone; ankylosis between the patella and femur will take place. When we can get the anterior flap long enough we do not cut away the condyles, but in this case the lacerated and contused condition of the skin about the head of the tibia prevents us going much below the patella; only three vessels required ligation. The stump was dressed with charpie and cerate, with a firm bandage was applied from the groin to the end of the stump to control the twitching.

Compound Fracture of Elbow-Joint—Amputation.

Robert —, æt. 6 years, was admitted into the hospital a day or two ago; he is from the interior

of the State. His parents tell us that sixteen days ago his right arm was injured by being run over by a locomotive. The physician who was called in thought it possible to save it, but finally recommended amputation; the boy was then brought to the city. On examination we find all the tissues on the outer side of the arm have sloughed from a point two inches above the elbow to a little above the wrist and three-fourths the circumference of the limb, the space now occupied by healthy granulations; the elbow-joint is open and the condyles and fractured ulna are exposed to view; the bones are protruding and entirely denuded of periosteum; the muscular tissues are dissected up in all directions by abscesses, the discharge from which is considerable. There is no chance of saving this arm. The destruction of the skin and soft parts, the comminuted condition of the bones, leave amputation as the only resource. The boy was etherized, and amputation performed by making lateral skin flaps and circular of the muscles at the upper third of the arm. Only three ligatures were applied, and the stump dressed in the usual manner.

PHILADELPHIA HOSPITAL, }
November 22, 1865. }

MEDICAL CLINIC BY DR. J. L. LUDLOW.

Reported by A. M. Shew, M. D., Resident Physician.

Syphilitic Pharyngitis and Laryngitis.

On a former occasion I had before you one or two cases of syphilitic laryngitis. The severity of this disease and its frequency in general practice is my only apology for presenting two interesting cases this morning. I wish you to become so thoroughly acquainted with the ravages produced by syphilis, and with the means of properly combating it, that you may never be at fault when called upon in civil practice.

Mary Ann S—, æt. 27, was admitted to the medical wards on the 21st of November, suffering from severe sore throat. A few months ago she was under treatment in the venereal wards, but now denies ever having had a chancre. A sudden loss of memory is a characteristic of nearly all the patients treated in that ward. I never saw but one or two after being discharged, who would acknowledge that they had ever had a chancre; but here we have the most conclusive evidence.

Upon opening her mouth you observe that the uvula, arches of the palate, and a part of the roof of the mouth have been destroyed; the lower portion of the vomer has even been attacked by this ulcerative process.

This other case, the one on the table, is that of a delicate old female. Mary McB., æt. 62, Ireland, was admitted on the 16th of November. Her husband has been dead nineteen years. She also denies ever having had a primary sore. In this case the ulcerative process has not proceeded so far as in the former. She complains of severe pain "in her bones," restlessness at night, and loathing of food. You may observe that her face is covered with peculiar copper colored blotches, characteristic of a specific cause. The ulcers produced by syphilis in the pharynx or larynx, are usually stellated in form, small at first, and

seldom attract attention until severe injury to the parts has been done.

When a patient comes to you complaining of sore throat, and upon examination you find a peculiar eruption, copper colored blotches, pain in the head or limbs, and an ulcer in the throat, no matter how small, make up your mind that there is a specific cause. Place him at once upon the internal use of the iodide of potassium, ten grains three times daily, and at bed time a pill of corrosive sublimate, one-eighth of a grain. The best gargle, as I mentioned in a former clinic, is that of SIR CHARLES BELL, viz.

R. Hyd. chlor. corros.,	gr. ij.
Sp'ts. rectificat.,	f. 3j.
Tr. cinchonæ,	f. 3ij.
Mel. rosæ,	
Tinct. myrrhæ,	ss f. 3j. M.

When the ulceration has proceeded so far as in the first case (Mary Ann), an operation might be deemed advisable. But, gentlemen, the truth requires that I should warn you against the operation.

Staphylorrhaphy consists in paring the edges of the cleft, passing ligatures through them, and bringing them together. It has been performed by many distinguished surgeons, and in a few cases with gratifying success. Of late years the operation has fallen into disrepute, and I would not advise you to try it.

A few years ago I had a severe case of ulceration from syphilis; after having tried the usual remedies without success, I called in aid the services of a distinguished surgeon of this city, who at once advised an operation. It was immediately performed with but little inconvenience to the patient. The next evening I found that the stitches had given way, and the gap was wider than ever.

As a last resort, I concluded to apply an ointment made by rubbing up DONOVAN'S solution with lard, directly to the surface of the ulcer. The resulting inflammation was terrific. I certainly thought that instead of benefiting my patient, I had indiscreetly placed him beyond hope of remedial aid. But in a few days the inflammation subsided, the ulcer healed, and my patient went away rejoicing. I have since repeatedly tried this same remedy with good results.

A peculiar huskiness of the voice frequently troubles the patient long after the disease has been subdued. It is owing to a change in the mucous membrane; a puffy condition of the lining membrane of the larynx.

I have often found serviceable in these cases the external use of collodion and ether, not to blister but to keep up a constant irritation.

R. Collodii,	f. 3j.
Æther,	f. 3v. M.

At the same time administer internally

R. Potass. chloras,	3ss.
Syr. scillæ,	f. 3ij.
Aqua,	f. 3j. M.

S. Teaspoonful occasionally.

Constipation.

Sarah C., æt 60, Ireland—entered the medical wards Thursday, November 16th, pale, anæmic, and suffering, as she said, from constipation and colicky pains. She had had no passage for several days, but did not regard this symptom, as it was her usual habit. A careful examination revealed no peritonitis. Her pulse did not indicate it, neither did her general physiognomy, her manner of lying in bed, or the condition of her tongue.

This patient has had a variety of most powerful purgatives, but with no avail. Injections pass away as free from fecal matter as when first used. You will observe that her tongue is reddish brown and dry—not so dry or harsh as we have it in typhus fever. Her pulse is small, but of good force. During the last few days she has vomited stercoraceous matter. I intended having some of it saved to show, but by mistake it was thrown out. She complains of pain in the right iliac fossa; hot turpentine stupes have been applied.

We shall next try to pass a tube into the colon for the purpose of throwing the enemata high up. It is a delicate operation, and great caution must be observed lest the tube perforate the bowel. Should this fail, I will direct my assistants to gently inflate the bowel with tobacco smoke. This condition of things we know but little about. It may be produced by a habit of costiveness, or by compaction from something she may have eaten. I remember the case of a large, plethoric student, who attended lectures in this city a few years ago. I was called in great haste one morning and found him parched with thirst, tongue dry, pulse bounding, and slight delirium. Upon inquiry I found that he had had no passage from his bowels for about ten days. During all this time he had been eating heartily, studying hard, and had taken little or no exercise. We tried injections and cathartics, but were defeated. At last a gum elastic tube was passed up, and the large bowel partially filled with tobacco smoke. Soon there came away such a mass of cherry stones, apple stems, and fecal matter, as I never wish to see again. As a natural result, the patient was very much depressed after the operation.

The whole subject of constipation will be one of annoyance to you when you get into general practice. In polite society you find ladies who sit quietly in their parlors reading novels, living sumptuously, and taking but little exercise. Soon they begin to complain of headache, loss of appetite, and constipation. Again, it very often occurs from want of proper action of the liver, especially in females who have had children; they neglect to put on a proper bandage, the abdominal muscles are relaxed, the bowels become distended and lose their natural elasticity; and from this arises an imperfect circulation of the portal system. As practitioners of medicine you will be called upon to rectify the trouble. Now what can be done? First advise your patients to be regular in their habits; let them have a certain hour in the day set apart and devoted to this important matter. I have often directed patients to sit in an almost erect posture while defecating. Bathing, followed by rubbing and kneading of the abdomen with coarse towels, will be beneficial.

Advise your female patients to sell their horses and take more exercise; it may seem like a simple thing, and yet it is often the cause of all the trouble. During the last few years I have used with gratifying results in these troublesome cases of constipation a pill composed of colocynth, podophyllin and nux vomica, viz:

R.	E. colocynth. comp.,	gr. iij.
	Podophylli,	gr. ʒ.
	Nucis vomicæ,	gr. ʒ.
	Sapo,	gr. j.
	Ol. caryophylli,	q. s. M.

Medical Societies.

PATHOLOGICAL SOCIETY OF NEW YORK.

MEETING OF DECEMBER 13TH, 1865.

(Dr. BUCK in the Chair.)

Encephaloid Cancer of Upper Maxilla; Encephaloid Nævus, Death, General Cancerous Deposit;—Amputation of both Arms for Injury, Osteo-myelitis, Death, Autopsy;—Remarkable Case of Cancer of Testicle, with antecedents;—Case of Aneurism of the left Ventricle of the Heart, with extensive Calcareous Deposit;—Scirrhus of the Stomach;—Edema and Emphysema of the Lungs, with Hypertrophy of the Heart.

Encephaloid Cancer of Upper Maxilla, Nævus, etc.

Prof. FRANK HAMILTON presented a specimen taken from a man, 32 years of age, a farmer, who had previously enjoyed good health. Five weeks before he came under Dr. HAMILTON's notice, he discovered a small tumor near the second incisor tooth of the upper jaw. This was removed by ligature. When seen by the Doctor, five weeks later, there had been developed from the site of the first excrescence a tumor, about three inches in diameter, displacing the teeth, and presenting all the characteristics of being malignant. On the left side of his face the patient had a congenital nævus, which a few days before had taken on diseased action, and was evidently developing into another encephaloid mass. Upon consultation, it was decided to extirpate the tumor, which was done in the usual method, and in its entirety. The nævus was removed at the same time, but owing to the extreme prostration of the patient, it was deemed inadvisable to continue him longer under anesthesia, and the plastic operation to remedy the loss of substance in the cheek was delayed until the next day, when it was finished.

About twenty-four to thirty-six hours after, he was attacked with severe pain in the left side, fever, rapid pulse, and rapidly sinking, he died.

The autopsy showed the left pleural cavity, which on auscultation, and percussion during life, had given signs of the presence of fluid, filled with over two quarts of pure blood, which had escaped from a ruptured mass in the lungs, of an encephaloid character; similar cancerous development was found in the mesenteric gland. A circumstance to which no special attention had

been called during life, was the existence of an apparent hydrocele. On being examined the sac of tunica vaginalis was found to contain nearly a quart of fluid, and one of the testicles to also have undergone encephaloid degeneration. The process of encephaloid development in the lungs, Dr. HAMILTON believes to have been very rapid; perhaps not longer in duration than five or six days, as he had not complained at all; there was no cough, nor irritation of the lungs, nor disturbance of the respiratory function.

Amputation of both Arms for Injury; Osteomyelitis; Death:—Autopsy.

Prof. HAMILTON next presented specimens, taken from a young man, of fine constitution, good muscularity, and excellent habits, who had been caught in a rolling-mill, whereby his hands had been badly crushed and comminuted, the muscular structure of the fore-arms considerably injured, and the skin separated extensively. Amputation of both arms was necessitated, and performed six hours after the accident. Both arms were amputated about 5 to 6 inches from the shoulder-joint,—the right arm by the double flap method, and the left by the circular operation.

From this time onward the patient progressed very favorably, the wounds closing nicely, cicatrization going on well, the patient being in excellent spirits, and sufficient strength to enable him to sit up on the fifth day after the operation. About the twelfth day, however, he was seized with a chill, and from this time onward, until the twentieth day, when he died, chills occurred every twenty to twenty-four hours, followed by fever, complicated with diarrhoea, and during the last few days with vomiting.

Autopsy. Both stumps were nearly closed, and about equally advanced in the reparative process. The only difference during life had been that from the right stump (double flap) there had been about twice the amount of discharge as in the left. A pyæmic abscess was found in the liver, and one, or more, in the lungs. On examining the stumps, the bones were found to have undergone osteo-myelitis.

Dr. LIDELL, who had examined the specimens, made a statement of the condition in which they were found. In the right arm the medullary tissue, proceeding from below upward, was found extensively broken down and purulent; further up it presented a dark-blackish color, and a bad odor; still higher up, toward the epiphysis, the medullary tissue was of a dark-red color, tougher than natural, somewhat like muscular tissue; thus presenting three varieties of progressive osteo-myelitic change. In the other (left) arm a grayish-brown, somewhat tough, and flesh-like granulation was protruding from the medullary canal; the medullary substance here was not so extensively purulent, still it was the seat of suppurating abscesses; proceeding up toward the cancellated structure of the bone, the cancelli appear to contain pus. The constituents of the cancelli, under the microscope, were pus corpuscles, granular marrow cells, and normal marrow

cells, while the toughness observed in certain parts of the changed marrow tissue was due to the development of connective tissue. There was no line of separation of dead bone perceptible.

Dr. LIDELL inquired of Dr. HAMILTON whether pain in the stumps had been a marked symptom in this case, on which Dr. H. replying in the negative, Dr. LIDELL stated that in his experience of osteo-myelitis pain is not a constant symptom, although mentioned as such by a prominent French writer in the *Archives Générales*.

Prof. HAMILTON further remarked that he could find no cause in the individuality of the patient, why he should be attacked with osteo-myelitis, pyæmia, and die. In private practice, under favorable circumstances, he would probably have recovered. On inquiry, Prof. STEPHEN SMITH had stated to him that the ward in which the patient was, had been one of the oldest in the hospital, always in use, and the occurrence of these fatal complications were due probably to hospital influence.

Remarkable case of Cancer of Testicle—Antecedents.

Dr. SANDS presented specimens removed from the body of a young man, 27 years of age, who died on Sunday last. A younger brother of this man had been under the care of Drs. PARKER and SANDS, for a disease of the testicle, which turned out to be cancer. It had been removed about the 1st of February, 1865; but very soon after the operation a swelling appeared under the ribs of the right side; he rapidly sank into an extreme state of cachexia, and died in the latter part of March,—less than two months after the extirpation of the organ. The autopsy revealed an enormous cancerous tumor, situated behind the peritoneum and liver. A grandmother and a mother's aunt had both died of tumors of the breast, which, from the description, were undoubtedly cancerous.

When this brother had died, or very soon after, the one from whom the present specimen was obtained, observed a swelling of the testicle, slowly increasing. He went to a water-cure establishment in this city, where, under its peculiar treatment and a rigorous diet, he grew rapidly worse. He then fell under the treatment of a homoeopath, with no better effect. Dr. SANDS saw him first in August last; the testicle was then swollen, quite hard, well defined, and solid, except in front, where there appeared to be some effusion of fluid; a decided glandular enlargement was noticed in the right iliac fossa; as to general condition, he was suffering from cachectic fever.

He confessed to having had syphilis a few months previously to his first attack, and this was confirmed by copper-colored eruptions on the skin of his arms. Some weeks later a swelling appeared on the lower part of the neck, on the left side, a little above the clavicle, about two and a half inches in diameter. The disease remained nearly stationary, the tumors not growing rapidly. As the case was considered one of cancer, and was of considerable importance, about the 1st of October a consultation was held, there being present, among other medical gentle-

men, Prof. PARKER and Dr. KRAKOWITZER. On this occasion enlarged glands were also discovered along the lumbar spine, and the abdominal veins were found distended. Iodide of potassium and of sodium—with iodide of iron, were prescribed successively, while severe pain, referred to the abdomen, and for which he had previously taken morphia internally, was palliated by hypodermic injections of morphia. There was a slight improvement after this treatment, so that he was able to go out. This amelioration, however, did not last; he soon began to emaciate with extreme rapidity, and, as above stated, died last Sunday.

On autopsy, a small amount of fluid was found in the tunica vaginalis. The affected testicle presented all the appearance of soft cancer. The swellings in the inguinal and iliac glands were found due to encephaloid cancer; so were the tumor of the neck, and those in the lumbar region. Cancerous deposits were also found in the liver, the lungs, and the bronchial glands, leaving no doubt as to the character of the disease, which was fully confirmed by microscopical examination.

The question arose whether the enlarged iliac glands were indicative of cancer of the testicle? In his experience, sympathetic affection of these glands in ordinary epididymitis was of rare occurrence.

Dr. KRAKOWITZER remarked that on the occasion of the consultation referred to, the question was very thoroughly weighed as to the probabilities of the syphilitic or cancerous character of the disease, and he then inclined somewhat to ascribe it to the former. The fact of the patient having had syphilis, the very slow development of the tumors, remaining stationary for a considerable time, led him to suppose at first that the testicle, and other glands, might be simply subject to syphilitic disease, modified peculiarly, in a system below *par*, in consequence of the water-cure treatment, etc.,—a condition to which TROUSSEAU has applied the term *adenia*. The further and rapid course of the disease, however, showed it to be cancer. Regarding the question propounded by Dr. SANDS, he did not think that there was any direct connection between the affection of the iliac glands and the disease of the testicle, as these parts were not connected by lymphatics.

Aneurism of the left Ventricle of the Heart, with extensive Calcareous Deposit.

Prof. ALONZO CLARK presented a heart, which had been removed from a patient who had died at Bellevue Hospital. The heart was somewhat enlarged, but on its surface, with the exception of considerable fatty deposit, presented nothing abnormal. The right ventricle is of about the normal size. A remarkable point of interest, however, presented itself in the left ventricle, which toward the apex presents an *aneurismal pouch*—the muscular tissue being much attenuated, with atheromatous deposit throughout the walls of the ventricle. The most remarkable thing, however, was to be found at the bottom of this

aneurismal pouch, (which presented a capacity of from two to three ounces) which was lined by a *solid plate of bony, or rather calcareous matter*, forming an almost complete floor $2\frac{1}{2}$ inches in extent upward, about 2 inches across, and of considerable thickness, and seems to have given a protection to the thin muscular walls at the lower part of this aneurismal pouch. In addition, the pericardium was attached to the heart at the lowermost and most distended portion of the sac.

History. Dr. EDGERTON, in whose ward the patient was, had furnished a history of the case, of which the following were the main points. The patient was, by profession, a lawyer, 36 years of age. He had been a patient at Bellevue Hospital four times. In November, 1865, he was admitted for the fifth time. His chief malady, during the last twelve years, had been a paralysis of the right side; walks limpingly with the aid of a cane, has a little use of the arm, almost no voice. On December 9th, while in the bath-room, he was suddenly seized by an apoplectic attack, and died.

On autopsy there was found a recent apoplectic clot on the brain, corresponding to the region of the left parietal bone; subarachnoid effusion, left lateral ventricle filled with serum, cerebellum softened, here and there atheromatous deposit. Kidneys weighed 9 ounces, heart 30 ounces. The latter organ had never been examined during life.

Dr. CLARK remarked that the heart had never been examined because he never complained about it, and this shows that it did not trouble him much. In two or three similar cases of this very rare lesion, uncomplicated with valvular disease, his experience had been the same as regards the little trouble experienced by the patients. Calcareous matter was sometimes deposited between the pericardium and the heart, as a result of pericarditis—in one case he had seen the heart almost entirely encircled by such a deposit, but he had never seen it so extensively in the substance of the heart itself, as in this case.

Dr. KRAKOWITZER doubted whether this plate of solid matter could be considered as offering really a protection against the bursting of the attenuated walls of the ventricle. He thought that the contractions of the ventricle, bringing the neighboring muscular fibres with considerable friction against the sharp edges, as it were, of this bony plate, would rather tend to the contrary.

Scirrhus of the Stomach.

Professor CLARK next presented an excrescence from the inner surface of the stomach, which had been sent to him, with the history, for microscopical examination, by Dr. CLARK, of Perry, N. Y. The specimen was taken from near the pyloric orifice of a man's stomach, 70 years of age, who had always enjoyed good health. Four months ago he commenced to lose his appetite, and to vomit after taking food. These symptoms increased, until he died. On post mortem examination, the stomach was found adherent to the margin of the liver, and very much distended. The *pylorus* was hard and cartilaginous, thick-

ened, and its passage so obliterated that it did not allow the passage of a larger stream of fluid than of the size of a goose-quill. The liver was crowded with hard, gray, scirrhous nodules from the size of a pea to that of a walnut. The excrescence from the mucous membrane, near the pylorus, which had been supposed to be cancerous, had on microscopical examination been found to possess not a particle of cancerous tissue or element—it was nothing more than what belonged to the stomach, constituted entirely of masses of prodigiously elongated secreting tubes, and some areolar tissue, forming a fine example of hypertrophy, or exaggerated growth, of a natural structure.

Oedema and Emphysema of the Lungs with Hypertrophy of the Heart.

Dr. WM. H. DRAPER presented the lungs and heart of a man who had entered Hospital a week ago Tuesday. Little of his history could be obtained at first. He was suffering from great dyspnoea, very livid, face swollen, whole body anasarcaous, and veins of the neck turgid. Aneurism of the pulmonary artery was supposed. For eight or nine years he had been the victim of asthma. On physical examination, the anterior portion of the chest was found remarkably well developed, the intercostal spaces being very protruding, percussion over infra-clavicular region yields unusual resonance; posteriorly the resonance is diminished, and the usual physical signs of oedema of the lungs elicited. The apex beat of the heart is in the sixth intercostal space, but the area of cardiac dullness extends to the right of the sternum; urine albuminous. The patient died on the third day after admission, from asphyxia, complicated probably with uræmia.

Autopsy. Enormous emphysema in the anterior portion of the lungs; the middle lobe of the right lung presents a multilocular sac, while on the inferior margin of the left lung there are a few very much enlarged air cells. Heart very considerably enlarged; walls of right ventricle thickened, and its capacity increased; valves healthy, but owing to the hypertrophy probably insufficient, and allowing regurgitation. Right auricle distended. Nothing abnormal on left side.

Prof. CLARK considered the specimen as illustrating the reflex action upon the heart, of prolonged difficulty of respiration in the lungs.

Microscopical Examination of Tumor.

Dr. DRAPER, on the part of the Committee appointed to report upon the tumor removed by Dr. SAYRE from the sheath of the sciatic nerve, (See REPORTER, Nov. 18, 1865, p. 334,) stated that the tumor had been examined microscopically, both externally and internally, and was found to consist entirely of masses of calcareous substance, with no organization. He could find no record of neurolematous tumors undergoing calcareous degeneration. He had learned that the patient from whom the tumor had been removed had since died of phthisis, and the tubercular deposit in the lungs may perhaps have some connection with calcareous deposit elsewhere. L.

EDITORIAL DEPARTMENT.

Periscope.

Dr. Chapman's Spinal Theory.

The following is given as an outline of Dr. CHAPMAN'S Neuropathic theory of the treatment of certain diseases, and which is now prominently urged as the proper treatment for cholera.

"It is beyond dispute that local or general hyperæmia or anæmia is an incident, if not a cause, of a very large proportion of all known maladies, and any discovery which should enable the physician to control at will the circulation in any part of the body, would give him a command over many disorders which have too often baffled the highest medical skill. To form any opinion whether such a power is really attainable, the forces which increase and diminish the flow of the blood, and with it all vital action, have first to be ascertained. The broad doctrine of HARVEY, that the blood flows through the arteries and back through the veins in obedience to the motive power of the central pump—the heart—though no doubt in the main true, has long been seen to be inadequate to the full explanation of many familiar symptoms. It furnishes no explanation whatever of the cause of local inflammation, and is hardly reconcilable with the actual circulation of the blood observed in creatures without a heart, or in which the heart does not act as it does in the higher animals. Taking HARVEY'S doctrine as the basis, there must be something beyond it to account for local variations in the circulating energy in different parts of the body at different times, and under different circumstances of excitement or the reverse. One theory which has been started to account for such phenomena attributes the movement of the blood in great measure to a quasi-chemical affinity between its particles and the tissues which it constantly feeds, or, in the case of the lungs, between the venous blood and the air which is to oxydize it. This doctrine has not yet been universally accepted, and can only be regarded as an ingenious, though very possibly an accurate, hypothesis still waiting for experimental confirmation. But if all the forces which cause circulation may not be certainly known, little, if any, doubt remains as to the seat of the power which restrains it within due limits. The well-known experiment of cutting the cervical sympathetic nerve solved this mystery. The instant effect was to cause dilatation of the blood-vessels, increase of blood, and development of all vital faculties in the regions connected with the severed nerve. The opposite effects are produced by galvanizing, and thereby stimulating the action of the nerve. Dr. CHAPMAN infers—and his experience seems to show—that the main, if not the only, function of the whole sympathetic system is to act as a sort of break upon the circulation through the arteries. Stimulate the sympathetic ganglia which lie on either side of the spinal column, and instantly, according to Dr. CHAPMAN, a corresponding diminution of blood will be observed in that

region of the body which is controlled from the ganglionic centres to which the stimulus is applied. Partially paralyze the same nervous system, and its power of contracting the arteries is diminished; the vessels dilate, and offer less obstacle to the passage of blood, the whole region affected receives an accession of vital energy, and if it has previously been suffering from anæmia, the malady and its consequences speedily disappear. To a great extent this theory is a legitimate and almost unavoidable inference from the generally accepted doctrine that the function of the sympathetic nerve is to contract the arteries and limit the flow of blood. From the theory to its application is not a very long step. Galvanism was known by experiment to be an effective stimulant of this kind of nervous action, and it was not an unreasonable conjecture that heat applied over the sympathetic ganglia would add to their vigor, and that cold would in like manner reduce their action. If this were so, the physician might deal with the circulation almost at pleasure. If any region was inadequately supplied with blood, it would only be necessary to apply ice to the corresponding ganglia, when their operation as self-acting breaks would be diminished, the arteries would dilate, and a more copious flow of blood would result. Hyperæmia should, on the same theory, yield to the opposite treatment, and any local congestion or inflammation ought to be relieved by applying heat to the governing parts of the sympathetic nervous system. All this Dr. CHAPMAN says that he has abundantly verified, and the detailed cases given in his pamphlets seem very like a demonstration of his general theory. The common malady of cold feet is said to yield invariably to the application of ice to the lower regions of the back; and a similar treatment is described as giving to the physician an almost absolute control over the ordinary functional diseases of women.

This seems to have been the first step which Dr. CHAPMAN made in the verification of his doctrine and the development of his practice of Neuropathy. But no one could doubt that, if the principle was sound, a power of controlling the circulation, either generally or locally, by the application of heat or cold to the appropriate nervous centres, must be available in the treatment of a great variety of diseases. Dr. CHAPMAN is convinced that cholera is one of these, and as his theory involves some steps which are less obvious than in cases where the disorder is palpably anæmia or hyperæmia of a particular region, it is interesting and important to note the path by which the conclusion was arrived at. One of the early applications which Dr. CHAPMAN made of his system of Neuropathy was to cases of sea-sickness. It is not at first very obvious why ice on the back should check a disorder the essence of which is not generally supposed to consist in anæmia, although that is one of its invariable accompaniments. It is true that frightful pallor and cold sweat are among the most marked symptoms of sea-sickness, and, according to the new theory, this would be fairly attributable to excessive action of the whole sympathetic system, and might be expected to yield to the application of cold over the nervous centres. But

the other symptoms of sea-sickness are not so easily referable to the group of nerves, whose action (so far as is yet known) is limited to the control of the circulation. Dr. CHAPMAN's explanation is shortly this. Sea-sickness is itself the result of hyperæmia of the spinal cord caused by the internal concussions produced by the motion of the vessels, and accompanied by excessive activity of the vaso-motor nerves. This derangement not only checks the circulation, but propagates itself to the stomach and bowels in some manner not very definitely explained, causing the recognized phenomena of this uncomfortable malady. A few very remarkable cases are described, in which sea-sickness was absolutely conquered by the application of ice along the spine; and Dr. CHAPMAN was not long in inferring that the ordinary symptoms of summer diarrhœa were themselves due to an analogous cause—namely, the over-excitement of the spinal column and the corresponding sympathetic system from excessive heat, instead of (as in sea-sickness) from excessive motion and concussion. This hypothesis is also said to have been abundantly verified by experiment, and it was an easy step to bring cholera within the same class of disorders. In fact, the cramps, the blueness, and the collapse, which are specially distinctive of true Asiatic cholera, suggested at once the idea that extremely violent action of the vaso-motor nerves was certainly an accompaniment, if not the prime cause, of every choleraic attack. Dr. CHAPMAN's hypothesis, founded on these and similar considerations, is thus summarized. Cholera, he says, is simply the result of hyperæmia of the spinal and sympathetic nervous centres, and belongs to the same order of maladies as ordinary diarrhœa and sea-sickness. It results from this, that it is not contagious or infectious, and that it may be averted and cured by the sedative action of ice along the spinal region.

Bronchocele—Operation.

Dr. DAVID W. CHEEVER, of Boston, relates in the *Boston Medical and Surgical Journal* a case of bronchocele, which was successfully operated on. It occurred in a female, twenty-four years of age, born in Ireland, residing in Boston. A year ago first perceived a tumor, a little to right of median line, just below the larynx. The tumor measured when removed, two inches in length horizontally, and one and a half inches vertically. Grows very slowly, moves with larynx in deglutition.

Under ether, a vertical incision was made over tumor, the sterno-hyoid and thyroid muscles separated, and the enlarged thyroid gland dissected out. Left lobe much the largest, and long enough to lie on the carotid sheath. Not much hæmorrhage; right superior thyroid artery was the largest vessel cut. Tumor came out clean. Wound closed by silk sutures. Was discharged well two weeks and a half after the operation.

The tumor was wholly solid, and under the microscope showed large, oval cells—with nuclei, clustered together like bananas; and many small granular particles. Its ready removal, without profuse hæmorrhage, would seem to indicate, in the opinion of Dr. CHEEVER, early surgical interference with these growths.

THE USE OF PRESSURE IN THE TREATMENT OF GONORRHOEAL AND PURULENT OPHTHALMIA.

Surgeon JOSEPH S. HILDRETH, U. S. V., in charge of Desmarres U. S. A. Eye and Ear Hospital, Chicago, read a paper before the American Ophthalmological Society, embracing the report of 32 cases, treated with or without pressure, the result being given in the following tabular statement:

CASES.	AGE.	AFFECTION.	TREATMENT BY PRESSURE.				RESULTS.			
			WITH.		WITHOUT.		SAVED.		LOST.	
			Right.	Left.	Right.	Left.	Right.	Left.	Right.	Left.
1	23	Purulent Ophthalmia.....	1	1	.....	.....	1	1	.....	.....
2	48	" "	1	1	.....	.....	1	1	.....	.....
3	33	" "	1	1	.....	.....	1	1	.....	.....
4	26	" "	.....	1	1	.....	.....	1	.....	.....
5	43	" "	1	.....	.....	1	1	.....	.....	1
6	23	" "	1	.....	.....	1	1	.....	.....	1
7	20	" "	1	.....	.....	1	1	.....	.....	1
8	25	" "	1	.....	.....	1	1	.....	.....	1
9	24	" "	.....	.....	1	1	1	1	.....	.....
10	39	" "	.....	.....	1	1	.....	1	1	.....
11	25	" "	.....	.....	1	1	1	1	.....	.....
12	17	" "	.....	.....	1	1	.....	1	1	.....
13	43	" "	.....	.....	1	1	.....	1	1	.....
14	24	Gonorrhoeal Ophthalmia.....	1	1	.....	.....	1	.....	.....	1
15	40	" "	1	1	.....	.....	1	1	.....	.....
16	20	" "	.....	.....	1	1	1	1	.....	.....

RECAPITULATION.

	No.	Saved.	Lost.
Eyes treated with Pressure.....	15	14	1
Eyes treated without Pressure.....	17	7	10

The following directions are given as to the mode of applying pressure:

"What I mean by the use of pressure in the treatment of such cases, is not the application of lint, wet or dry, over the lids with moderate compression, but a *firm, hard, continued pressure upon all parts of the contents of the orbit, especially the anterior*. This I effect in the following manner:

"The lids being closed, the orbit is to be packed, as it were by means of charpie, or picked lint, (scraped lint or cotton wool is not so serviceable,) in such a manner that all parts about the eye, within the orbit, the anterior hemisphere of the globe, and especially the conjunctiva, shall be acted on.

"Care must be taken to fill the grand angle, and to have the charpie evenly and regularly disposed about, as well as over the globe. Quite a large bunch should be used for each eye, not only to ensure evenness of pressure, but to absorb the purulent discharge. This being done, compression is made by means of a bandage, or better, a firm elastic band of rubber braid, not less than two inches in width, passing around the head. It should be slowly and regularly increased until the pain, if any there be, in the parts affected, is greatly diminished or controlled, if practicable.

"In other words, pressure is to be applied to the eye and surrounding parts, within the margin of the orbit to a degree sufficient to so control the circulation as to prevent the destructive tendency of the disease, but not to interfere with proper nutrition. This must, of course, vary with the peculiarities of each case. . . . I have in no instance resorted to it in purulent or gonorrhoeal affections of the eye, during the acute stages,

even after the organ had been irretrievably lost, without greatly diminishing the discharge in a short time, and very materially adding to the patient's comfort in reducing the pain, and modifying subsequent and present staphyloma, as occurred in cases numbered 4, 5, 6, 7, 8, and 12. While the purulent discharge is abundant, the dressing should be renewed twice during every twenty-four hours."

Regarding other treatment the author sums up as follows:

1. If anæsthesia of the cornea exists, or it is infiltrating, and especially if the pupil will not yield to the influence of atropia, HANCOCK's operation of division of the "ciliary ring" is indicated, care being taken to divide all its fibres from the insertion of the iris to its posterior limit.

2. Application of a solution of bromide of ammonium (40 to 60 grs. to f.℥j. pure glycerine) or nitrate of silver to conjunctiva; the former to all parts of the conjunctiva, and the latter to that covering the cartilage of the lids only.

3. Scarification of the lids and deep incisions into the chemosis, if required, removing the blood with tepid water so long as it continues to flow.

4. Atropia in solution (iv. grs. to f.℥j.) sufficient to dilate the pupil.

5. Application of firm, hard, continued pressure, as soon as practicable, and continued to the close of the acute symptoms.

6. Remove the dressings twice during every twenty-four hours until the purulent discharge ceases.

7. Two applications daily of bromide of potassium, or one of nitrate of silver, will be found

sufficient. Atropia may be used twice daily or oftener, but care should be taken not to continue its employment beyond producing and maintaining moderate dilatation of the pupil.

8. A constitutional treatment adapted to the condition of the patient.

Extra-uterine Pregnancy.

At a recent meeting of the Obstetrical Society, of London, (*British Medical Journal*), Dr. J. BRANTON HICKS related a case of extra-uterine foetation, in which he had detected a foetus alive in the recto-vaginal pouch of the peritoneum. Considering its advance to maturity in that position highly dangerous throughout its development and after, he endeavored to arrest its growth by powerful galvanic currents. This was repeated without effect. It was then determined to pass a trocar into the foetus, which was done *per vaginam*, readily without any bleeding. The foetal movements ceased next day; but vomiting, partly from the chloroform given, continued very violent till about the fifth day, when sudden collapse supervening, the patient died on the sixth day after the operation. The *post mortem* examination showed that hæmorrhage was the immediate cause of death, owing to slight separation of the upper part of placental attachment to the exterior of the uterus, but none whatever occurred at the seat of puncture. The examination also showed a curious fact; namely, that the cyst in which the foetus originally was formed, had ruptured, and that the ovum entire had escaped into the recto-vaginal pouch, the placenta being attached to the back of the uterus. On opening the original cyst from above, the ovular membranes were seen through the rupture in the cyst.

Chronic Inversion of the Uterus;—Removal of the Organ.

In the Reports of the London Obstetrical Society, as published in the *British Medical Journal*, we find a case related by Dr. MARION SIMS. The case was one of chronic inversion of the uterus. Manual reduction had been attempted without success, and as the hæmorrhage from which the patient suffered was so excessive as to threaten a fatal result, he determined to remove the organ. It was attempted first by ligature; but as this gave rise to severe symptoms, pain and depression, it was decided to remove it with the *écraseur*. Severe bleeding ensued from the broad ligament, which was controlled by ligature, and the line of section united by silver sutures. The patient recovered rapidly.

Means of averting Death from Chloroform.

A plan for reviving those who are sinking from the administration of chloroform has been practised by Dr. BULLAR, of Southampton. It consists in the assistants at the operation striking the patient with the flat hand in the most vigorous and rapid way on all exposed parts of the skin, (trunk, legs, arms, face,) and to continue this until the pulse and breathing return. In one case five to ten minutes elapsed before the

heart acted, and not until both legs were blue with ecchymosis.

The immediate local effects in filling the parts of the skin which were struck, and around them, with red blood, whilst the heart and breathing had ceased, shows that this plan is a stimulus of the reflex nervous function of a very vigorous kind, which can be immediately applied to the cutaneous ends of the nerves over a large surface, without any apparatus, and with the greatest ease.—*Med. Times and Gaz.*—*Amer. Jour. Med. Sciences.*

Poisoning by the Vine-Disease Fungus.

It is stated that in France cases have occurred in which inoculation with *oidium tuckeri*, or the fungus which causes the vine-disease, has proved fatal to human beings. Wounds made accidentally with the instrument used for cutting off the diseased vine-shoots, have presented, according to Dr. COLLIN, marked evidences of poisoning. In some cases the persons thus wounded have died in from twenty to twenty-five days, notwithstanding the most energetic treatment. Messrs. Desmarte and Banché, of Vitry, have also concluded, from their experience, that deleterious effects are produced by the *oidium*, but they seem rather disposed to establish a coincidence between the epidemic development of the *oidium* and a greater frequency of certain forms of inflammation of mucous membranes. The subject has been submitted to the consideration of the Academy of Medicine of Paris.—*Quarterly Journal of Science*—*Brit. Med. Journal*.

Ethnological Observations among Indian Mounds.

Acting Surgeon MCGOWAN has just returned from the Great Council lately held in the Indian Territory, whither he was sent by Secretary HARLAN, having been detailed by the Secretary of War, at the request of the American Geographical Statistical Society, to make certain ethnological observations. On his way back he visited, at the request of the American Ethnological Society, the Indian mounds, at Newark, Ohio, to make inquiries concerning the alleged disinterment of effigies bearing Hebrew inscriptions. Without committing himself fully on the subject, he reports that the evidence is strong as to the genuineness or authenticity of the effigies which were discovered several years ago, and that one of them appears to be of Chinese workmanship, while there is slight room for doubt as to those which have just been disinterred. The question of their antiquity requires further investigation. The mounds at Coshocton, Ohio, which contain bones, and which have been described as belonging to an extinct race of Indians, prove to be merely the burial grounds of Moravian missionaries, who resided there about a century ago. At Newark there have recently been discovered traces of an extensive system of drainage, evidently of the period of the Mound Indians, and indicating larger population and higher civilization than antiquaries have hitherto supposed.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DECEMBER 23, 1866.

ENLARGEMENT AND INCREASE OF PRICE.

The pressure of literary material on our columns makes it necessary to announce an increase of the size of the *MEDICAL AND SURGICAL REPORTER*. This increase, together with an improved external appearance, will take place from the first of January next; from which time the subscription price will be FIVE DOLLARS per annum. The cost of paper and labor seem to be permanently fixed at high rates, and we are compelled to accept the situation, and graduate our subscription rate accordingly. If these expenses lessen, or a liberal support justify it, we shall be enabled to further enlarge the work, or expend more on the literary department, or perhaps do both.

All advance payments made prior to January 1st, 1866, will be credited at the present rate of \$4 per annum. Payments made after that date, will be credited at the rate of \$5.

ANNOUNCEMENT OF THE FOURTEENTH VOLUME.

The FOURTEENTH volume of the *MEDICAL AND SURGICAL REPORTER* begins with the first issue of January, 1866, and we take pleasure in announcing that we have effected arrangements that will place it on a better footing in a literary point of view than ever before. These arrangements include some new features, among which are the following:—

A RESIDENT EDITOR FOR NEW YORK CITY,

who will attend to all matters of general interest to the profession that emanate from that important medical centre. Full and intelligent reports of the transactions of the two chief medical Societies of New York, viz., the *ACADEMY OF MEDICINE*, and the *PATHOLOGICAL SOCIETY*, will appear regularly in our columns. The discussions before these societies are participated in by the *principal Physicians and Surgeons* of that city, and embrace every variety of subject interesting to medical men. Our columns will also be supplied with selections from some of the best clinics held in New York. All medical matters of interest arising in that field, will be independently and freely commented on. This arrangement will give New York and its medical interests a full representation in our columns.

In this city, our editorial arrangements include a chief editor, who devotes himself to the

GENERAL EDITORIAL MANAGEMENT

of the work, and to medical matters in this centre of medical education and publication. We have also engaged the services of one of the most erudite scholars in the ranks of the medical profession to take the special charge of the

REVIEW DEPARTMENT OF THE REPORTER.

New works of importance will be *fairly and independently* reviewed at moderate length, but a

large part of the issues of the press will be noticed in a series of articles in the form of *Familiar Notes on Books*, or talks about books, that will, as best adapted to our columns, give, in a brief, comprehensive, and attractive form, a general idea of the merits of a work, and its adaptedness to meet the wants of the practitioner of medicine.

Our arrangements in this city also include reports of the Discussions before the *Philadelphia County Medical Society*, and choice selections from the *clinical teachings* in our various hospitals. We also receive *select clinical reports* from the best sources in Baltimore.

In addition to this, we are publishing many communications of value on *Military Medicine and Surgery*, and expect soon to commence the publication of a series of articles on the *Medical and Surgical experiences of the United States Navy* in the late war.

It will thus be seen that our arrangements are adapted to give to the *REPORTER* a cosmopolitan character. We intend it to be in all respects a *representative journal* of American Medicine and Surgery, and shall spare no pains to make it a credit to our country. The past course of the *REPORTER* has secured for it the largest circulation ever attained by a medical journal in this country, and the present indications are decidedly favorable to an immediate and very large addition to its circulation. This has encouraged us to take the steps announced above toward perfecting our editorial organization, and if these arrangements are received with the favor we anticipate, we shall in due time be enabled to do still more to add to the value of the *REPORTER*.

In view of what has already been accomplished by the *REPORTER*, and of the announcement made above, we unhesitatingly appeal to our readers to exert themselves to extend its circulation, believing that in thus doing they will be subserving the best interests of the profession.

CHOLERA—CONTAGION—QUARANTINE.

It is one thing to deny the contagious nature of Asiatic cholera, as the term contagion is generally accepted, and quite another to base upon such denial a claim of the total uselessness, and to advocate the entire abolition of *Quarantine measures*.

Although during the prevalence of the disease, as an epidemic this year, in the East, there have been made observations by very competent men, which tend to show very plausibly, that cholera may be accompanied by a contagious element, the experience derived from the study of the history of former epidemics, warrants us in still adhering to the long-formed opinion that the disease cannot be considered as *contagious*, in the strictly *technical* meaning of the term. Even Dr. MÜLLIG, of Constantinople, who is the latest champion of the doctrine of contagion, appears to limit the extent of the poison of contagion, evolved from the bodies of cholera patients, to

the choleraic excretions, and with this limitation his comparison of cholera, as a contagious disease, to small-pox, becomes, to say the least, somewhat lame. He says that while in variola the contagion is furnished by the skin, in cholera the excretions, especially the dejections, propagate the choleraic infection.

Now, there are three well defined classes of epidemic disease. In one the disease is caused by general morbid influences, and spreads as far as those influences operate, without generating in the bodies of those attacked, a peculiar poison by which the disease is propagated. This class embraces *malarious fevers*. The second class, springing from somewhat similar causes, but developing, in its course, in the body of the patient a poison which proves more or less contagious,—but the poison of contagion still playing a *secondary rôle*—the class of *petechial or typh-fevers*. Thirdly, epidemic diseases which depend *ENTIRELY upon a contagious poison*, small-pox being the type of this class.

It is evident that our present knowledge of cholera does not warrant us in classing it under any of these three well-defined forms of epidemic occurrences. The poison of cholera, whatever its nature, is not so certainly and widely communicable as that of small-pox; and there is in the whole history of the two diseases, their origin, spread, course, symptomatology, not one really tenable point of analogy. The poison of small-pox will produce small-pox, when a person is exposed to it, under all circumstances, while, if communicable at all, that of cholera seems to manifest itself accidentally, and always dependent upon a favorable condition of its peculiar atmospheric and terrestrial factors, and seems to be limited to the ejections and dejections of the patient.

Nor can cholera be put among the epidemics of the other two classes. The origin of malarial epidemics, and the causes of those of the petechial or typh class, are perfectly well understood; and their history presents sufficient marks of distinction from epidemics of cholera. Until we know more about the *real causes* of cholera, then it is best to consider it as *sui generis*, and this will but tend to renewed study and endeavors to elucidate more positively its nature.

Dr. SNOW, one of the ablest Sanitarjans of the United States, and Health Officer of the city of Providence, R. I., has written a letter, which is published in the *Providence Daily Journal*, in which he answers at length, and in the most decided negative, the question, "Is Asiatic Cholera contagious?" The paper is written for the

people—not for physicians,—and as far as Dr. SNOW combats the error of specific, personal, unavoidable contagion, and disabuses the public mind of *unnecessary fear and alarm*, we entirely agree with him.

But Dr. SNOW touches a point which involves more than the mere question of personal contagion—the question of abolishing quarantine,—and here it is that with all due respect, and the highest appreciation of the author's services as a sanitarian, we must differ from his conclusions. He says:

"Again, the whole question of quarantines for cholera depends almost wholly upon the fact whether it is contagious or not. If the cholera is contagious, quarantines are useful to prevent it, and should be rigidly enforced; if the cholera is an epidemic, and not a contagious disease, as nine-tenths of those who have investigated its causes believe, then quarantines for its prevention are useless, and if useless, they are certainly inhuman and a disgrace to civilization. We might add that if the disease is contagious, as the advocates of quarantine profess to believe, it is certainly a strange policy in civilized countries, to confine well persons for weeks within the narrow limits of a vessel, in almost constant contact with the sick."

Now, while we admit that it has not been shown that cholera develops in the body of the patient a certain specific poison which, *by itself*, when coming in contact with other persons, and regardless of all other extraneous circumstances, is sufficiently powerful to propagate the disease, we cannot entirely discard the opinion entertained by many eminent men, and apparently founded upon well-observed facts, that there is a high probability that, under favorable circumstances, when it finds a population well prepared by neglect of proper sanitary rules, by dirty habits, intemperance, filthy streets, noxious sewers, corrupt emanations, inadequate ventilation, foul water, bad food, and in a season when the peculiar conditions of air and soil, which precede or accompany its course, have been in existence, cholera may then be engrafted upon and spread among a community thus prepared, by the introduction of patients already suffering from the disease. If such is the case, if there be a probability, and but a probability, that by restricting the immediate intercourse of cholera patients, arriving in our ports, with the population of our cities, which present all the conditions favorable to the outbreak of any epidemic, we can prevent, retard, or diminish the chances of an epidemic, then we say this probability is sufficient to warrant the adoption or retention of such measures of quarantine as will restrict such intercourse. However strongly we may be wedded

to the belief that cholera is not *specifically* contagious, until it is positively proven that it cannot accidentally become contagious under favorable conditions, the interests of our densely inhabited cities on the seaboard, the immense interests of a nation of thirty millions, more active in mechanical, industrial, and commercial pursuits than any nation on the globe, the interests of every man, woman, and child, demand that the benefit of the doubt be thrown *in favor of this probability*, and that the temporary comfort of comparatively a few be sacrificed to the probability of preventing the death of many, and the desolation caused by a general and national epidemic.

These views are, we believe, held generally by the profession, and are the results of that wise caution which should characterize all our proceedings and efforts in shaping public opinion and public measures. We have no right to denounce quarantine and to advocate its abolition, unless we take the whole responsibility on our own shoulders, unless we can *demonstrate* not only that cholera is not specifically contagious, but that the indiscriminate introduction of and intercourse with cholera patients and those who have been long among them can *never, under any circumstances*, cause or facilitate the outbreak of an epidemic in a population, in which all other factors of the disease, of whatever nature, may be present, and may have been mysteriously operative. Are we willing to assume this broad responsibility? Do the facts positively known in the present state of our knowledge, regarding cholera, prove, beyond doubt, that such is not and can never be the case?

At a recent meeting of the Suffolk (Boston) District Medical Society, Dr. J. B. S. JACKSON offered the following resolution, which was adopted:

"Resolved, That, in the opinion of this Society, cholera is not contagious. That the safety of the community, however, depends in a great measure on the regularity of the habits and cleanliness of the dwellings of its inhabitants; and, as in former epidemics, the disease has prevailed in those localities which were the most crowded and filthy, the propriety of immediate attention to such localities should be strongly urged upon the City Government."

In its editorial comments, the *Boston Medical and Surgical Journal*, lest this resolution should be wrongly interpreted, speaks as follows:

"We do not understand that the above resolution touches the question of the expediency of quarantine exclusion of cholera cases from our city. It stands as the formal expression by the members of the Suffolk District Medical Society, of their agreement in opinion with the highest authorities of the medical profession on the ques-

tion of contagion. We have been most emphatically assured by gentlemen who voted for this resolution, that they by no means intended thus to imply that they regarded quarantine regulations as useless. On the contrary, unless we are misinformed, the feeling of many, if not the majority of those present, was decidedly in favor of quarantine. In this, we feel that they and the municipal authorities are supported by all that is known of the present epidemic."

One last consideration. Quarantine may be neither *inhumane*, nor a *disgrace to civilization*, as intimated by Dr. SNOW, any more than our present hospitals for the Insane are such, though there was a time when they were. On the contrary, a wise policy in the detention by quarantine of passengers, both sick and well, of vessels suspected of carrying the germ of disease, under the peculiar circumstances of an immense immigration from Europe, which promises to exceed all previous experience, will, if administered in a liberal spirit, prove a blessing to those who are subjected to it, as well as to the communities amongst which they will be eventually dispersed. During the coming year, probably not less than a quarter of a million of people will seek refuge from the political oppression and social rottenness of Europe on the shores of the Great Republic of the United States. The great masses of these people will come, after a longer or shorter stay in filthy, illy-ventilated, overcrowded emigrant-hotels of European ports, in overcrowded vessels, with the discomforts, the hygienic disadvantages of protracted and often stormy voyages, to be thrown into overcrowded cities, into filthy, overcrowded, illy-ventilated emigrant-hotels of our ports, among strange scenes, strange men, and, to them, a whirl of strange life. Is it *inhumane* on the part of municipal authorities to take them in charge, and even if it cannot be done except by the detention of a few days, to separate completely the sick from the well, to care properly and liberally for the former, and to place the latter in the best possible hygienic condition, by thorough enforcement of cleanliness, ventilation, and by a few days rest and quiet preparation, to land on our shores, without carrying the danger of disease to themselves and to the communities which receive them? Is it a disgrace to humanity to do this? Must the foul-stench, the reeking filth of an emigrant-ship be unloaded before our very noses, and her living freight be "dumped out," as it were, into our streets for the sake of gaining a few days?

Far from being inhumane and a disgrace, we would say that the establishment of proper quarantine, and the detention of all passenger vessels carrying large numbers of immigrants, for

the purpose of placing them in a proper sanitary condition, are measures which have their foundation not only in the *right* of municipal authorities to protect their communities, but which it seems to us the imperative duty of the national government to enforce by congressional enactments and executive administration. We have just emerged from a terrible war. We want laboring force North, South, East, and West. We will in a few years count our foreign immigration by the million probably, and no mistaken practice of humanity, or to express it more forcibly perhaps, of *free-trade* and *free-intercourse*, will recompense for the risks we may run, the dangers we thereby invite, and the jeopardy in which we place the population of our large centres of commercial intercourse. If anything is wanted at this time, it is not the abandoning of quarantine, but its extension, so as to embrace a liberal and thorough taking care of the interests of the immigrant, and the widest facilities to promote them. If, as is the case in the port of New York, a peculiar State pride of a neighboring State is in the way of granting these facilities, let a wise statesmanship try to overcome the pride and prejudices which blindly oppose the interests not only of that State itself, but of the nation.

Let us have quarantine; for we sincerely believe that we speak for the profession, when we say, that it is not yet ready to assume the responsibility for all the possible consequences of its abolition.

Notes and Comments.

Subscribers are reminded that payments are credited at the rate of \$4 a year if mailed before the first of January. AFTER that time they will be credited at the increased rate of \$5.

Medical Classes in this City.

As we anticipated, both the medical colleges of this city have larger classes than they had last session, though there are very few students this winter from the South. The University, we learn, has about five hundred, and the Jefferson College about four hundred matriculants.

Martin Bossange.

Many of our readers are doubtless familiar with the name of the firm "BOSSANGE, FILS," of Paris, booksellers and medical book publishers. MARTIN BOSSANGE was the oldest bookseller in Europe. He died on the 24th of October, having

attained within a few months the advanced age of one hundred years. He had the full possession of his faculties almost to the last moment of his life. The present Emperor, NAPOLEON III., conferred on him, in August last, the order of the *Légion d'Honneur*, which was promised him by NAPOLEON I. in 1813, as a reward for his great abilities as a bookseller of the time of the first Empire.

Dr. RICHET has just been appointed to the chair of Surgery at the School of Medicine of Paris, made vacant by the death of Prof. MALGAIGNE.

New Medical Journals.

A new medical journal, to be published once in two weeks, is to be started in New York with the incoming year. We have not learned the name. Dr. GEO. F. SHRADY is to be the editor. Wm. Wood & Co., the medical book publishers, are the proprietors. It will have a fine field to work in, and, as we understand that it will be conducted on liberal financial principles, it ought to succeed well.

Dr. FRANK A. RAMSEY issues the prospectus of "*The Medical and Surgical Monthly*," to be published in Memphis, Tenn. A well conducted medical journal should, and, we think, would be well supported in Tennessee, and we wish Dr. RAMSEY eminent success in making a good journal, for that will be the measure by which success will or will not be attained.

News and Miscellany.

Pension Examining Surgeons.

The following are recent appointments:

Vermont—Dr. WM. S. HOPKINS, Vergennes.

Connecticut—Dr. WM. H. TROWBRIDGE, Stamford.

New York—DRS. BENJAMIN NORTON, Belmont; J. H. RIPLEY, Massena; ALONZO CHURCHILL, Utica; T. M. FLANDREAU, Rome.

Kentucky—DRS. H. RODMAN, Frankford; LEVI E. GOSLEE, New Castle.

Tennessee—Dr. LORENZO D. HOGLE, Dover.

Promotion.

Dr. EDWARD W. BRENNEMAN, U. S. A., of Lieutenant-General GDANT's staff, has recently received the promotion to a brevet major in the regular army. Dr. BRENNEMAN entered the army in 1861, and most of his service has been in the field with the Army of the Potomac. During the winter of '62, '63, he was stationed at the Satterlee Hospital in this city.

Dr. BARTH, the African traveller, is dead.

Specialties in Medicine.

The following is an extract from Professor Brainard's late address before the American Dental Association.

Now, the principle that I wish particularly to assert here, is this, that the medical profession, in order to be most useful, in order to acquire its due influence over the community, in order to perfect its knowledge of the nature and treatment of diseases, must adopt a special course of study; each individual member embracing that course which he judges on the whole to be best adapted to his faculties, and leaving out, to a certain extent, others for which he has no qualifications. I advocate special studies and special practice; and, although the words have been somewhat discredited, I advocate "specialties" and "specialists."

Now, I undertake to say, that the very great opposition which this doctrine has met in the profession, is not founded upon reason or justified by the experience of the profession. It is an opposition which is working to the disadvantage of the profession as well as the public, and to the manifest disadvantage of a very great number of the individual members of the profession; and therefore I wish to insist a little upon the point.

What are the natural divisions of the science and practice of medicine? Is there no natural division? I hardly think that any one would be so bold as to assert there are, and ought to be, no no natural divisions. For a long time, when the science of medicine was in a very rude and imperfect state, the members of that profession did study and practice all its branches; and in the older works on surgery, pharmacy and chemistry were as much treated of as the operations of surgery. Still, even at that time, there was the commencement of division, and the first was into pharmacy, surgery, and obstetrics. The next division which came was into medicine and surgery, surgery being, as I have stated, the mechanical application in the manner already indicated. At a later period, there commenced to be apparent the distinction between the obstetrical department of the profession, and separation between pharmacy and medicine was accomplished entirely. By degrees the distinction between obstetricians and medical practitioners came to be recognized in particular localities, in large cities especially, to a very considerable extent; so that medicine, toward the middle of the last century, might be said to be divided into pharmacy, medical practice, properly so called, surgery, and obstetrical practice; whilst yet it remained true in regard to the greater portion of the civilized world—the country in general, in America, as well as in Europe—that the larger number of practitioners continued to practice all its branches, to collect and prepare their own medicines, to practice pharmacy, surgery and obstetrics. And at the present day, this is the case with a very large part of the profession throughout the civilized world.

Now, it is manifest, all experience and reason show, that men who practice medicine in this way, practice it only in a rude and imperfect manner; that they neither understand pharmacy,

nor medicine, nor obstetrics; that, from the nature of things, they are incapable of acquiring skill in any one of those branches; that it is absolutely necessary, in order that there should be any progress in regard to the science or practice of medicine, that some of these should be excluded, and others proceeded with especially, by each individual member of the profession.

Let us examine the question for a moment. The dentists, as a body, have, according to my own knowledge and observation, perfected the mechanical means of performing operations beyond what has been done in any other branch of the profession. They are better mechanics than the surgeons, and their instruments for accomplishing the different objects which they have in view are more numerous and better suited to their purpose than are the instruments of surgeons. Now this is essential to the proper performance of dental operations. And how has this happened? It has been simply that there have been dentists, as a class, who have devoted their attention to that purpose; and we, as surgeons, never could have invented or perfected these instruments, and consequently could never have perfected dentistry. And that division of labor is a thing which, at the present day, is manifestly necessary, and which no one now disputes.

In regard to surgical instruments, there are two departments in which they have been singularly perfected. The one is in regard to those instruments which are used for crushing urinary calculi, which are the most admirably adapted to their purpose. How did that come about? Three men of genius at the same time happened to devote their whole attention to that thing, the crushing of stone, and they especially perfected those instruments. And without that perfection of these instruments, the crushing of urinary calculi must have remained for ever, as it had up to that time, a mere phantom, floating in the mind, without any practical application whatever. Therefore it was necessary in this particular that there should be special studies. The other branch in which I consider the mechanical means to be wonderfully perfected, is that regarding instruments for operations upon the eye. These instruments have been brought to such a degree of perfection, of delicacy and accuracy, that they are capable of accomplishing things almost inconceivable, and accomplishing them regularly, constantly, and without difficulty or danger. Now, how has this happened? It has happened in the same way; there have been a class of men who have devoted their attention to that subject exclusively, have thought of nothing else, have worked at nothing else but the perfection of means for the accomplishment of that which they saw before them to be done. But when you come to other things that have not been made specialties, the condition of our science is singularly rude and imperfect. There is nothing in our science at the present day which has the slightest claim to be a respectable apparatus for the treatment of fractures. Particular individuals, by the attention which they have paid to it, and by an excess of superior mechanical talent or ingenuity, have been able to accomplish, with the instru-

ments which they use, a considerable degree of success; but there is no instrument for any given fracture that can be mentioned, that can be taken by a person of ordinary good education of the profession, and put upon the member in such a manner as to accomplish any perfect result. The greater number of instruments which are used in the profession, for fractures of the leg, and called, "fracture boxes," are not anything better than dry goods boxes, and simply serve to accomplish the result of concealing from the surgeon the position in which a limb may happen to lie. What is the reason of that? The reason is, that there never has been as yet any instance that a man devoted himself to fractures as a specialty, and nothing else, and this is the one branch in which a specialty is most needed. They are the species of accident which are the most frequent, and which disable a man more than any other, and entail untold miseries upon him if unskillfully treated; but the instruments for the accomplishment of this purpose never will be reduced to any great perfection, until it shall be known that the devoting of time and talents to one subject leads to honor, and not to being partially thrown out of the profession.

If I should be unfortunate enough to meet with a fracture of the jaw, the first thing I should do would be not to send for a surgeon at all. I should send for a dentist. They have directed their attention to the mechanical means and apparatus necessary for holding the jaws in their place, to such an extent, that they are better qualified to make them than surgeons are, as a general thing, and, perhaps I might say, more than any surgeons are.

I might go on and point out to you that with regard to no one thing about them are the instruments used by surgeons the best adapted to their purposes.

We are disputing, at the present day, all over the world, what kind of sutures are the best to use. A great many of our instruments for the purpose of ligating arteries and performing similar operations, are singularly rude and imperfect, and their imperfection is only remedied by the skilful use of the fingers of the surgeon.

How is this to be remedied? It is to be remedied, gentlemen, by special study; by the profession changing its views upon that subject, and saying to the young men, when they are entering the profession, and when they are about to leave the schools, that it is better for them to devote themselves to some particular branch of the profession, and try to understand it.

Pauper Population of England.

The pauper population of England and Wales, writes the correspondent of the *N. Y. Times*, to say nothing of Scotland and Ireland, is at this time of wonderful prosperity; close upon a million—larger than the entire population of twenty-one of the States of the American Union at the last census. and about equal to the populations of such States as Massachusetts or Missouri. Imagine, if you can, one million of paupers. Of these, nearly forty thousand are insane—an insane population as large as New Haven or Troy,

with idiots enough to people Newport, New London, or Hoboken. Not that these pretty towns would hold all the idiots. These are only the pauper idiots who are supported by the rates. There is a higher class living on taxes, rents, tythes, and so on, that would swell the number beyond my present means of computation.

With the million of actual paupers you may class two millions more who are on the verge of pauperism, and suffering more or less from destitution, keeping up a sad and sorry fight for dear life, which ends as such struggles must. When I look at the ignorance, vice, and misery, throughout these poverty-stricken millions, I cannot help thinking that England wants something more effectual in the way of reform than suffrage extension to six-pound householders. In my humble opinion, what England wants is a government.

Clay and Glycerine for Modelling.

We read in *Cosmos* that a mixture of clay and glycerine, which keeps its plasticity for any length of time at all temperatures, has been found very useful by modellers. The clay must be well dried before it is mixed with the glycerine. It is said that the mixture can be used in place of wax for the most delicate work.

Dr. GEO. W. MARSTERS, of Waltham, Mass., late Ass't Surgeon, U. S. Navy, has been appointed Assistant Surgeon to the Massachusetts State Almshouse at Tewksbury.

A Substitute for Lint.

A surgeon in the Vosges recommends the use of an aqueous plant, *conferva bulbosa*, in place of lint, to which he declares it to be much superior. Dr. JOBERT DE LAMBALLE recently tried it in the hospitals, by order of the Emperor, and reports very favorably of it. He says that it may be advantageously employed instead of common lint, and it would be better still, if it could be deprived of the putrescent substances it contains. —*Brit. Med. Jour.*

Buddhism and the Microscope.

While the great Prussian microscopist, EHRENBURG, was travelling through India, he fell into a conversation with a Brahmin, whose religious faith forbade him taking life of any kind, or eating of that which had ever possessed life. EHRENBURG wishing to demonstrate to the Brahmin the absurdity of his belief, exhibited by the microscope the world of animalcule life contained in a single drop of water.

"Alas!" said the poor Brahmin, in despair, "you have destroyed my happiness and my life also; for I see now that I shall never be able to drink, and must perish of thirst."

EHRENBURG answered him by showing that a single drop of rum poured into a tumbler of water, caused all the animalcule to precipitate themselves to the bottom of the glass. I trust this solution of his perplexity did not lead the Brahmin into habits of intemperance.

MARRIED.

BLAKE-MASON.—In Brooklyn, Dec. 13, by the Rev. Dr. Kimball, Clarence A. Blake and Elizabeth D., daughter of Dr. Theodore L. Mason.

BORDEN-GRAVES.—In New York, on Thursday, Dec. 14, by Rev. J. Millard, John G. Borden and Ella L., daughter of Dr. I. Graves.

CROPPER-CORWIN.—Dec. 5th, at the residence of the bride's father, in Lebanon, Ohio, by the Rev. Dr. Leonard, Dr. Charles Cropper, of Cincinnati, and Miss Carrie, youngest daughter of the Hon. Thomas Corwin.

EARL-CARPENTER.—In New York, Frank O. Earl, M. D., and Miss Sarah Carpenter.

FIELD-SCHMIDT.—Dec. 14, at Grace Church, N. Y., by Rev. Dr. Taylor, William H. Field and Emily Southgate, daughter of the late Dr. J. W. Schmidt, all of New York.

HERBORN-LORD.—In Portland, Me., Nov. 25th, N. A. Hersorn, M. D., late Surgeon 17th Maine Vols., of Farmington, N. H., and Miss Jennie S. Lord, of Springvale, Me.

JOHNSTON-WINWOOD.—Dec. 6th, by the Rev. Wm. H. Harrison, D. D., Mr. James M. Johnston, of Cincinnati, Ohio, and Miss Alice W. Winwood, daughter of the late Dr. Winwood, of Springfield, Ohio.

MARBOURG-GILBERT.—At the residence of S. S. Forney, Esq., Gettysburg, Pa., Nov. 23d, by Rev. W. R. H. Deatrick, M. Marbourg, M. D., of Wilton, Iowa, and Jessie E. Gilbert, of the former place.

THOMAS-WILLIAMS.—In Boston, Nov. 30th, Alexander Thomas, M. D., and Miss Margaret Williams.

DIED.

BUCKINGHAM.—At Springfield, Ohio, Nov. 29th, Mrs. Mary M. Buckingham, wife of Dr. E. M. Buckingham, in her 36th year.

HUNTINGTON.—In Lowell, Mass., Dec. 13, after a few days' illness, Dr. Elisha Huntington, set. 69. Dr. H. was at one time Lieutenant-Governor of the State, and has been many times Mayor of Lowell.

JARVIS.—In New York, Dec. 8, Kate M. Jarvis, daughter of the late Aaron Jarvis, M. D., and Agnes Harrison Jarvis.

OBITUARY.

Dr. Heinrich Barth.

The foreign mails by the Java announced the death, in Africa, of Dr. HEINRICH BARTH, the noted explorer. BARTH was born in Hamburg, in 1821, and after obtaining a good classical education, began his career as a traveller by making a tour through Italy and Sicily. From 1845 to 1847, he was engaged in a journey in the north of Africa, visiting Algiers, Tunis, and Tripoli, making short excursions into the interior, and continuing his travels through Egypt, Sinai, Palestine, Asia Minor, and Greece. In 1849 he published an account of this interesting and extended trip. In this same year, Dr. BARTH started with a scientific party which was formed at Berlin for an exploration of Africa. The party left Marseilles in December, 1849, and returned in September, 1855, having travelled at least twelve thousand miles. BARTH'S African travels covered only two thousand two hundred miles, and MUNGO PARK'S but fifteen hundred. In 1857, appeared BARTH'S "Travels in North and Central Africa," a work which at once placed him in the front rank of travellers, and secured his recognition as such. He was engaged in another exploration at the time of his death, the particulars of which have not yet been received.

Rev. Dr. Ducahety.

On the 15th inst., Rev. H. W. DUCAHETY, M. D., D. D., an eminent Protestant Episcopal divine of this city, died suddenly of apoplexy. Dr. DUCAHETY was born in Charleston, S. C., in the year 1797, and at the age of ten years came to Philadelphia, and at the celebrated school at Mount Airy received his early education. At seventeen, he went to New York, and with Dr. HOSACK as his preceptor, entered upon the study of medicine, and four years later graduated with distinction. He subsequently contributed numerous papers to the *Medical Repository*, wrote a translation of the "Prognostics of Hippocrates," and edited a volume of lectures on "The Theory and Practice of Medicine," delivered by his former preceptor, to whom he dedicated the work. At an early age, he determined to study for the ministry, and having, about the year 1825, been ordained, he assumed the charge of a parish in Salem, Massachusetts, a position he relinquished to take a similar one in Norfolk, Virginia. On December 11, 1834, Dr. DUCAHETY was instituted rector of St. Stephen's Church in this city, and continued to occupy that position, respected and beloved by all who knew him, to the time of his death. He was also the chaplain of the Burd Orphan Asylum, an institution which owes its origin to his untiring efforts. Less than ten weeks ago, his only child

and namesake, a surgeon in the army, died in Washington, and that event is supposed to have had much to do with the sudden death of the father.

ANSWERS TO CORRESPONDENTS.

Dr. O. A. C. Cocheton, N. Y.—Byford on Diseases of Women, sent by mail, Dec. 15th.

Dr. T. P. McC. Fort Wayne, Ind.—Skoda on Auscultation, Slade on Diphtheria, "What to Observe," etc., sent by mail, Dec. 15th.

Dr. D. L., Warsaw, Ohio.—Turnbull on Vision, Do. on Deafness, sent by mail, Dec. 15th.

Dr. G. A. M., Plainfield, Conn.—Chambers' Renewal of Life, sent by mail, Dec. 15th.

Dr. J. H., Petersburg, Ind.—Turnbull on Vision, Do. on Deafness, sent by mail, Dec. 15th.

Visiting Lists have been sent by mail to the following persons: Drs. D. W. J., Kittery, Me.; W. H. W., Myerstown, Pa.; W. B. A., City; J. H. G., New York; L. C. B., Essex, Vt.; G. F. F., New Egypt, N. J.; J. W. M., Shippensburg, Pa.; J. C. H., Wheeling, W. Va.; H. L., New York; J. G. M., Six-mile Run, N. J.; T. E. S., Baltimore, Md.; W. M. W., Reading, Pa.; M. R. K., Gwynedd, Pa.; T. C. L., Middletown, Pa.; F. R. W., Selin's Grove, Pa.; R. M., Tuckahoe, N. J.; F. A., McGregor, Iowa; H. L., Pittsburgh, Pa.; J. W. M. S., Columbus, Miss.; G. W. J., Woonsocket, R. I.; S. D. M. and J. M. R., Callensburg, Pa.; A. M. S., Shiversville, Pa.; J. E. C., Canton, Pa.; L. S., Newark, N. J.; C. McC., and J. O. S., Georgetown, D. C.; R. H. M., Herndon, Pa.; A. E. B., Mount Holly, N. J.; L. D. H., City; C. B., Holyoke, Mass; E. S., City; M. N., Whitmarsh, Pa.; W. H., Trexlertown, Pa.; G. W. L., Clyde, O.; W. G., Stony Point, N. Y.; E. R., Niles, Mich.; E. A. O., Trenton, Ohio; S. L., Attleboro', Pa.; C. J. F., Lima, Ohio; J. P. De B. and J. W. C., Evansville, Ind.; R. R. E., Leverington, Pa.

Hand Books have been sent by mail to the following persons: Drs. J. S. F., New London, Pa.; J. P. K., Panama, S. A.; L. C. B., Essex, Vt.; H. M. H., Augusta, Me.; W. P. McN., Shirley'sburg, Pa.; F. S. K., Reedsville, Pa.; R. C. H., Howell, Mich.; R. C., Antistown, Pa.; D. C. G., Waterloo, Pa.; G. W., City; S. S., Brookline, Mass.; C. F. W. and E. H. B., Pennsburg, Pa.; G. A. M., Plainville, Conn.; S. A. R. and H. C. La F., Bedford, Ind.; S. H. S., Unionville, Iowa; R. M. G., Stratford, Conn.; A. F. P., Bucksport, Me.; L. S. B., Pennington, N. J.

METEOROLOGY.

December	11,	12,	13,	14,	15,	16,	17.
Wind.....	S. W.	E.	W.	N. W.	N. W.	N.	N.
Weather.....	Clear.	Rain.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain.....		1 3-10					
Thermometer.							
Minimum.....	26°	33°	38°	25°	8°	5°	16°
At 8 A. M.....	32	50	47	55	18	13	25
At 12 M.....	42	55	47	38	22	24	30
At 3 P. M.....	45	56	48	35	22	24	31
Mean.....	36.25	48.50	45.	33.25	17.50	16.50	25.50
Barometer.							
At 12 M.....	30.2	30.	30.2	30.2	30.3	30.3	30.3
Germanstown, Pa.				B. J. LEEDOM.			

Medical Society of New Jersey.

The 100th Annual Meeting of the Medical Society of New Jersey will be held at New Brunswick, on the fourth Tuesday (23d) of January, at 11 o'clock, P. M.

Delegates are requested to furnish the Recording Secretary with their credentials before that day, and be prepared to pay to the Treasurer the respective district assessments.

On Tuesday the regular business of the Society will be attended to, and on the next day, (Wednesday), at 11 o'clock, A. M., the appropriate exercises of the centennial celebration will take place, viz.

Address by the President, Dr. A. M. COLES.

History of the Society by Dr. WM. PIERSON, Recording Secretary.

Dinner, of which delegates from corresponding Societies and invited guests will partake.

The remainder of the day will be spent in social intercourse, and listening to speeches at the table.

N. B. All regular members of District Societies are entitled to attend the celebration without the authority of delegation.

WILLIAM PIERSON, Recording Secretary.

Dec. 16, 1885.